

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VII.

LOUISVILLE, FEBRUARY 22, 1879.

No. 8.

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THE INDEX CATALOGUE OF THE NATIONAL MEDICAL LIBRARY.

We trust that each one of our readers will examine thoroughly the annexed report of Dr. H. C. Wood, the chairman of the committee appointed by the American Medical Association on the Library of the Surgeon-General's Office. No explanatory remarks which we could give would add to the clearness with which the subject is therein set forth. It is a matter of vast importance to us as doctors and as citizens that the catalogue should be published. It will help much to advance our science; and every American can well be proud of a work which no other nation has surpassed. Possibly the collection of works in the national library may be elsewhere equaled, but certainly nowhere can the devoted work of the accomplished Dr. Billings and his efficient assistants in throwing open its vast treasures to the world. It will be a shame upon us if what they have done is to remain in manuscript only.

We hope our readers will pay particular attention to the suggestions made in section 8th, and immediately stir themselves in the matter. Our representatives will feel obliged to receive the wishes and opinions of those of their constituents who ought to understand the desirability and usefulness of the catalogue. The session of Congress is waning, and quick action should be taken. We feel confident that if any thing like a proper interest is taken in the subject by the profession

the appropriation will be made before adjournment. Of course the sum to be asked for looks large to private eyes, therefore the necessity of asking national aid.

John Hunter left word in his will that his celebrated museum of physiology and pathology should first be offered to the British government for ten thousand pounds. When approached on the subject by Hunter's executors, Mr. Pitt answered, "Why, I haven't enough money to buy powder." Nevertheless the British government thought better of the matter and gave the ten thousand pounds when the need for powder-money had grown sorer and sorer—and the Hunterian Museum stands to-day as great an honor to Britain as any event to which she contributed in military history. Do not let us in this time of peace—and at least of comparative plenty—miss so good an opportunity of erecting our splendid monument to the honor of humanity and science.

1. *What is the Library of the Surgeon-General's Office?*

It is a collection of medical books and journals containing about 50,000 volumes, and is preserved in the fire-proof building of the Army Medical Museum at Washington, D. C., being under the direction of the Surgeon-General of the United States Army. It is managed on the same plan as the Library of Congress, of which it may be considered as a part, since the Library of Congress now buys no medical books, its funds being thus saved for other purposes.

2. *Why should it not be transferred to the Library of Congress?*

Because there is no room for it; because it relates to a highly special subject requiring special knowledge for its administration; because it is of special use and interest in immediate connection with the large Medical Museum where it is located; and because its present management is highly satisfactory

to the medical profession, the members of which are those who use it.

3. *What is the nature of the Catalogue which it is proposed to print?*

It gives under each author's name all the books which he has written which are in the library. Under each subject it gives the titles, not only of all books, but of all articles in journals and transactions relating to that subject, together with cross-references. This includes the result of indexing over 8,000 volumes of medical periodicals, including all current journals from all parts of the world.

4. *What will be the size of this Catalogue?*

It will make between eight and ten volumes, royal octavo, of 1,000 pages each. Ten volumes is the maximum estimate.

5. *What will it cost?*

To set up and stereotype the entire work will cost \$60,000. To print on good paper and bind in cloth 1,000 copies of each volume will cost \$1,700. A complete edition of 1,000 copies of the entire work will therefore cost \$77,000, and each additional 1,000 copies will cost \$17,000.

The size of the edition will depend upon the demand for it and upon how it is to be distributed. The Surgeon-General estimates that 3,000 copies could be advantageously distributed, though 2,000 might suffice for the principal libraries. As the work would be stereotyped, any further demand could be supplied at the net cost of paper, presswork, and binding.

6. *What is the present condition of the work?*

The entire manuscript is prepared and ready for the press. In order that it may be printed it is necessary that Congress shall authorize the government printer to print it, or shall make an appropriation for that purpose.

Requests and memorials urging Congress to do this were forwarded during the last session, but nothing was done. The reason why nothing was done was that, while many members expressed their approval and would have voted for granting permission to print, no one took an active personal interest in the matter, and the two or three active opponents strangled the measure in committee.

7. *What were the grounds of opposition to it?*

First, the great expense; second, that it would be useful only to a small part of the community, viz. the physicians; third, that it would be of use only to those physicians who live in or near Washington, and can have easy access to the books; fourth, that most old medical literature is trash and not worth cataloguing; and fifth, that if it be really a valuable thing it should be published by private enterprise, and the physicians who are to have the benefit of it should purchase it.

Let us consider these objections, *seriatim*. First,

the expense. Certainly it is large. Had it been small the work would have been done long ago. It is because it is so large that no individual or medical corporation can do it. But, if its cost be compared with that of a single post-office or custom-house building, with the cost of dredging out and improving one small river or harbor, with the cost of one year's exploration of the Rocky Mountains, or of one year's issue of Agricultural Reports, it does not seem such a very exorbitant request. Moreover, it should be remembered that the cost will be distributed over several years, since only two volumes can be printed in one year, on account of the great care required in reading the proof. Before the amount required for this purpose is refused on account of "hard times and Mr. Sherman's threatened deficit," should it not be made very clear, indeed, that nothing of less value has been appropriated for?

Second. The objection that the catalogue and library are useful to physicians only can be easily answered. They are useful to every man, woman, and child in the community, the use being transmitted through physicians. Increase of knowledge in the physician benefits his patients mainly, himself secondarily. Have the discoveries of quinine, chloral, salicylic acid, antiseptic surgery, etc., been exclusively or even specially beneficial to physicians?

Third. The objection that it will be useful only to those who live in Washington can also be briefly disposed of. As it indexes all important periodicals it is a catalogue for all medical libraries, for those in Boston, New York, Philadelphia, Chicago, and Cincinnati, as well as for the one in Washington. It will show the busy physician, medical writer, or teacher, what has been written on the subject on which he wants information, and where it is to be found. Very probably the journal referred to is in his own city library; it may be on his own shelves. The catalogue proposed would be of great use and importance if the library to which it refers were destroyed the day after it was printed; as it is, it doubles the value and utility of the library.

Fourth. The objection that the catalogue must contain many titles not worth consulting applies to all catalogues. But there is much more that is useful in old medical literature than many suppose. A medical case is not like a chemical experiment, it can not be repeated at pleasure; it may be a hundred years before another one like it appears, and its careful record is therefore of permanent value. These records during the present century have for the most part been made in medical journals and transactions; hence it is that a subject-index to them is of great importance. This index is complete to the present time, every current number of a medical journal being indexed as soon as received, only original and valuable articles being taken.

The last objection, viz. that it should be left to private enterprise, has been already answered, "There is no money in it." But it is the duty of a government to promote the health of its people. In all civilized countries except the United States one means employed for this purpose is to promote medical education and to secure competent physicians for the people. In this country the general government can do little or nothing directly to this end, but indirectly it can do much, and in no way more efficiently than by fostering this great central national medical library, and by opening its records of information to the entire medical profession.

8. *How is Congress to be induced to do this?*

By being instructed, collectively and individually, as to the merits of the case. The physicians of the country should give this instruction. Do you think that the library should be kept up and its catalogue published? That what has been said above is true? Do you want a copy of the catalogue for your city library? Then get your opinion and wishes to that effect before Congress. Your member and senator know little or nothing about this matter; it is your duty to inform them. The member of Congress who will take this matter up and make it his own measure, bringing it to a decisive vote, will carry the measure, and will make a reputation for himself among all scientific and thinking men which will amply repay him for his trouble.

NEW LIGHT ON YELLOW FEVER.

Our old friends of the Nashville Medical College have lately been treated to a clinical lecture on yellow fever, by Dr. A. B. Wilkes, which contains points so satisfactory that every one must feel obliged to the Southern Practitioner for publishing an epitome of the same, and allowing the outside world an opportunity of increasing their knowledge concerning the hope of the National Quarantine Board and the fear of the nation. We find room for two or three extracts. Says Dr. Wilkes:

When you are called to see a case of supposed yellow fever inquire, first, whether the patient has been exposed to any contagion, such as actual contact with persons or things from an infected room or atmosphere, or whether your patient has met an acclimatized person with goods, coffee, fruits, or with nothing but wearing apparel on his person from an infected place.

It must be confessed that the "acclimatized person" referred to is rather an uncommon carrier, and considering the latitudes he inhabits, decks himself in a most unwarrantable manner. Not so did the Georgia major whose costume was "a shirt-collar and spurs," or the young lady of the dime novel, who was "clothed in a sweet, sad smile." By all means should he be inquired into. Dr. Wilkes also gives the only rational explanation of why the patient in yellow fever gets thirsty, and reviews at length the nature of the germ. Hear him:

As I told you in a preceding lecture, germs are composed of nitrogen and water, and in their nutrition all the water and constructive albumen in the *digestive tract*, the *blood*, and the *fixed tissues* is consumed, and water must be resupplied to the system. Here at the risk of repetition, I will say that if you do not give your patients water *ad libitum*, in palatable drinks, such as any teas, sweetened to suit the taste, you will lose your patient by suppression of the urine, there being no water to float the solids of the urine out of the system.

And Dr. Wilkes is not less scientific in his therapeutics than in his pathology. He practices on no basis of mere empiricism, but following his remedies through the "gates and alleys" of his patient's system, sees what they are about before he employs them as witness:

Eliminate! eliminate! For this purpose we need potassium in such a form as will be acceptable to the stomach. I found a medicine, which has hitherto been little used save in combination with other chemicals, which seemed to me to meet several indications in yellow fever. It is a deoxidizing, and at the same time, an eliminative agent. It is a haemetic, supplying to the blood that which yellow fever pyrexia destroys by oxidation, viz. potash. I exhibit carbonic acid and potassium, taking two eq. of carbonic acid and one of potassium, we have potassium bicarbonate. I think when this is analyzed in the blood, the carbonic acid set free exerts a refrigerating action on the blood by displacing other acids. Do these things for your yellow-fever patients and they will be well treated.

Who the thunder will care now whence yellow fever cometh or whether it goeth, since we have the Wilkesonian knowledge of what to do with it while it stays!

LOVELY SCIENCE.—A woman was admitted to the Louisville City Hospital covered with bruises from head to foot. She came in unconscious, and remained so until her death, a few days later. As she and her husband lived like cat and dog, and his beatings had been common affairs, he was arrested on the charge of murder. But behold now Science, the handmaid of Justice! The doctor makes a post-mortem examination, and discovers Bright's disease, and the mystery of the bruises is cleared up. The cries of "help, murder, Mike's a killing me," heard by the neighbors, had evidently been the result of uræmic intoxication. Then straightway is the husband released from jail—much to his surprise, as the reporters naively say.

deceased "member of the Royal College of Surgeons in London" would be much perturbed if it could be conscious that its contribution to science only survived in the hands of the charlatan. There is no doubt that the acupuncture of the modern *Baunscheidt* instrument has proved beneficial as a counter-irritant in some chronic troubles. How much of its success is due to the imagination, or to the wondrous oil, which so promptly "brings out the *corruption of the blood*," I can not undertake to define. I am cognizant, however, of cases in which the introduction of the needle of the hypodermic syringe without any liquid, medicated or simple, has given prompt relief to neuralgic pain. It may be that there is something in this acupuncturation; and if any of my readers should be sufficiently impressed by Mr. James Morss Churchill's experience to give it a trial, I should like to hear from them. If it will relieve lumbo-bago as speedily as it did similar diseases in Churchill's hands, I know of more than one victim who would gladly submit to the operation.

The reviewer says: "It would be impossible to find any thing in medicine more inexplicable than the effects which are said to be produced by '*acupuncturation*.' If, however, the consequences alluded to do result from this operation, it matters very little in point of practical importance whether we can reason satisfactorily upon the circumstances or not." "Acupuncturation is an operation which is performed by piercing different parts of the body, according to the seat of pain which it is intended to remove, by means of a very delicate needle-shaped instrument a few inches in length, and about the thickness of a common sewing-needle." This "operation is of Asiatic origin." "My attention," says the author, "was directed to it by Mr. Scott, of Westminster, who was the first who performed it in England, and some successful cases which I witnessed in his practice assured me of its efficacy, and led me to its adoption. *The success of my own subsequent practice warrants recommendation of it in almost any terms I could give it.*"

The reviewer further says that "M. Berlioz, of Paris, who has written a treatise on this subject, says that the practice of this operation is attended with but little pain, and that the "disease is alleviated, or entirely ceases, as soon as the needle has been introduced the depth of a few lines. In the space of one or two minutes a patient whose

Original.

THE LOST ART OF ACUPUNCTURE.

BY WM. H. GALT, M. D.

In the Medical Recorder of 1822 there appears a review of the following brochure: "A Treatise on Acupuncturation; being a Description of a Surgical Operation originally peculiar to the Japanese and Chinese, and by them denominated *zin-king*, and now introduced into European practice, with directions for its performance, and cases illustrating its success. By James Morss Churchill, Member of the Royal College of Surgeons, in London."

With what success this surgical procedure was subsequently pursued, I can not say, as I have not followed up the history of it through any contemporaneous or succeeding journals, nor have I searched for any mention of it in more pretentious surgical literature. I give the following extracts, with cases, abridged from the original treatise, as a matter of curious interest in these modern times. It is to be inferred that the miraculous relief of pain which it performed in the hands of James Morss Churchill did not follow it in the practice of other surgeons. Certainly a remedy so simple, and followed by such results, could hardly have been ignored by them. The modern "Baunscheidt" instrument, with its oil, may be an offshoot of this idea; but the spirit of the

sufferings drew from him tears exclaims that he is quite cured."

The operation is thus described: "The instrument, which is nothing more than a common sewing-needle adapted to an ivory handle, is held between the thumb and forefinger, and its point brought into contact with the skin; its point is pressed gently, while a rotary motion is given it by the fingers and thumb, which gradually insinuates it into the part, and by continuing this rolling the needle penetrates to any depth with facility. The operator should now and then stop to ask if the patient be relieved, and the needle should always be allowed to remain five or six minutes before it is withdrawn."

Only diseases of the fibrous or muscular portions of the body were submitted to this operation, and for these the author expressly recommends it. Mr. Churchill says "that acupuncture does no good, nor does it produce even temporary alleviation, when the disease for which it is used is of an inflammatory character." But to proceed to the cases.

"The following cases are reported among others of a similar kind by M. Haime, in the *Journal Universal des Sciences Medicales*:

"Antoinette Bonhard, a severe attack of rheumatism. The trunk in a state of inability of action; the motion of the respiratory muscles extremely difficult, with great pain; pulse small and contracted; body covered with cold sweat, and in a state of inexpressible anguish." After trying other remedies without effect, M. Haime determined to try acupuncture. He introduced a needle "at the inferior margin of the false ribs. The instrument had hardly passed a few lines, when the patient said the pain had changed its seat into the abdomen, but had lost much of its violence." He made three punctures, when the patient "cried out that I had restored her to life." The pain returned with less violence the next day, but after keeping up the treatment for four days she was permanently relieved.

Another woman with rheumatism was also cured by M. Haime after two or three introductions of the needle. Mr. Churchill then relates the following cases in his own practice:

"George McLaughlin, about thirty years of age, a bricklayer, came to my house supporting himself by a stick in one hand, and resting the other on the wall as he proceeded. The body was bent at nearly a right angle, and his countenance indicated acute suffer-

ing. He had been attacked three days before with excruciating pains in the loins and hips. Every motion of the body produced an acute spasmodic pain, and the attempt to raise the body into an upright position was attended by such insupportable agony as to oblige him to keep his body bent. I directed him to place himself across a chair, and introduced a needle an inch and a half into the lumbar mass on the right side of the spine. The instrument having remained in its place about six minutes, the patient declared that he felt no pain. It was then withdrawn. The man expressed his astonishment and delight at the sudden removal of his disease, and left the house with a facility as though he had never been afflicted."

"William Morgan, a young man, felt a violent pain suddenly attack the loins while in the act of lifting a heavy piece of mahogany. The weight fell from his hands, and he found he was incapable of raising himself." He was cupped and blistered; but after two days had elapsed without any relief, and as he was suffering much pain, it was determined to use the needle. "On the third day the operation of acupuncture was performed upon the part of the loins pointed out as the seat of the injury, which dissipated the pains in five or six minutes." It was necessary to repeat the operation, which was done by inserting a needle to the depth of an inch and a half on each side of the spine. This "terminated the disease in a few minutes."

The next case was "Hannah Howard, a servant, aged twenty-five years, who became in September last the subject of rheumatalgia. Antimonials, opium, guaiacum, hyoscyamus, etc. relieved her occasionally, but at the end of three months metastasis to the heart suddenly took place. I was called hastily to her at this time. She had fainted, and when she recovered from her syncope complained of a violent pain in the region of her heart. Copious bleedings, blistering, cupping, with the use of digitalis and colchicum, at length removed the disease." She was subsequently exposed to wet, which brought on another attack of "rheumatalgia, which, after various shifting its seat for several days, now fixed itself upon the left side. . . . The pain had now acquired such a degree of violence that the slightest motion gave her the most exquisite agony. . . . I now had recourse to acupuncture. Having introduced a needle through the integument covering the interstices between the eighth and ninth ribs, at the part

corresponding to the junction with their cartilaginous epiphyses, I continued to press it gently forward by rolling it between my fingers. When it had penetrated to about two thirds of its whole depth (an inch), I inquired if she experienced either pain from the puncture or relief from the disease. She replied she 'scarcely felt the instrument, but that the rheumatism was suddenly abated of its violence.' I continued the introduction of the needle, and in a few minutes the disease was dislodged, and fled to the back of the chest, near the angle of the ribs. . . . I withdrew the needle, and inserted it into the part which had now become the seat of pain, about two inches from the spinal column. The patient said that she was free from uneasiness, and could make a deep inspiration without pain. The instrument, having been retained in its place five or six minutes, was withdrawn. The chest had regained its full liberty of action, and the utmost variety of flexion of the body could be used without inconvenience. The next day, however, the pain visited the anterior part of the chest, and I again had recourse to the needle. The operation was completely successful, for no symptoms of the disorder remained, and she continues at this time to perform the duties of her station in my family."

Mr. Churchill then gives a letter from his friend Mr. Jukes, dated "Great Peter Street, Westminster, February 27, 1821," in which he gives an account of his performing this operation "on our friend Mr. Scott," who first introduced the operation of acupuncture into England. Mr. Jukes says that Mr. Scott was "suffering severely from pain in the loins, which he attributed to leaving a warm room during one of the late foggy nights." Mr. Jukes then rather "spreads himself" in giving a description of the condition of "our friend Scott," thus: "An attempt to resume the erect posture produced violent spasmodic action of the muscles of the back, which appeared to be communicated by sympathy to those of the abdomen and chest, impeding respiration with a convulsive effort; nor could any motion of the body be made without producing this distressing effect. Neither fever nor general derangement was present. The secreting organs of the body properly performing their functions proved the external locality of the disease. In this state of things acupuncture produced itself to us as likely to afford relief, and it was therefore immediately resorted to. I applied an exhausted cupping

glass upon the integuments opposite to the second lumbar vertebra, and midway between this bone and the edge of the latissimus dorsi muscle. As soon as the needle had penetrated to the depth of an inch, a sensation arose, apparently from the point of the instrument, which the patient described as that produced by the passage of the electric aura when elicited to a metallic point; diffusing itself first to some distance around the part, and then extending itself up the side to the axilla." After the introduction of another needle "the pain soon left its last refuge, and the patient dressed himself and left his house in the most perfect health."

Mr. Jukes evidently enjoyed the acupuncture of "our friend Scott," who being at the other end of the needle just as evidently *did not* enjoy it. He gives the best account of the sensation caused by being stuck with a needle I have ever seen. Any body who ever sat down on a pin will remember the "electric aura when elicited to a metallic point." Though Mr. Scott was thus "hoist by his own petard," he was rewarded by restoration to perfect health. As professional men are particularly liable to "leave a warm room during our late foggy nights," some may pay the penalty of such an exposure as "our friend Scott" did. It is to be hoped in this event that they will test the magic powers of acupuncture, and give to the readers of the News the result of the experiment.

LOUISVILLE.

A LARYNGO-PHARYNGEAL ABSCESS AND NECROSIS OF THE CRICOID CARTILAGE.

BY E. T. POLK, M. D.

This case is of so rare occurrence, and so little is to be found in the literature on this important subject outside of syphilitic cases or scrofula, I ask a small space in your valuable journal while I relate the history, treatment, and post-mortem appearance of the case.

A colored man about thirty-five or forty years of age, of good constitution but somewhat given to dissipation at times, engaged by the city removing the garbage from the streets, which business is done daily, good or bad weather. For the last two years he has been subject to occasional attacks of malarial fever, which always yielded to a solution of nitrate of potassa and tartrate of antimony, in small and repeated doses during the paroxysms of fever, and the free use

of quinine in the intervals. His business often exposed him to all kinds of weather, and brought on frequent attacks of sore throat and colds, which yielded readily for a time to cold, wet applications to the throat, kept up for a few days with the use of repeated small doses of the potash and antimony.

But, unfortunately, during these times of scarcity of work he could not spare time enough from his work to get entirely well before he would again expose himself to bad weather, and set up an attack of acute inflammation upon parts but partially restored to health, and thereby perpetuating the inflammation from time to time, and before the parts were able to bear such exposure. This repeated exposure to bad weather brought on disease of the body of the cricoid cartilage and abscess, the destruction of the nerve supplying those parts, paralysis of the muscles, and death from suffocation.

I was called to see the case on November 26, 1878, with what I believed to be a more aggravated attack of his old complaint—cold and sore throat—with great difficulty of breathing, especially in inspiration, as every inspiration was difficult and attended with peculiar noise, like a whoop. There was but slight constitutional disturbance, but little increase of temperature, or evening exacerbations throughout the disease. The pulse was from seventy to seventy-five per minute, and continued so throughout the attack until the last two days of his life, when it rose to ninety and one hundred to the minute, with but little thirst or appetite, and but little difficulty in swallowing. One peculiar feature, most of the time he could not lie down or go to sleep without great danger of suffocation, when he would have to get up or wake up, as the breathing seemed to be better when awake or sitting up. Most of his sleeping was done in an arm-chair, or propped up in bed. Upon examining the throat externally and internally, nothing could be seen to explain this great difficulty of inspiration, as there was no swelling externally and but little soreness complained of. Internally, as far down as the laryngoscope revealed, there was no closure of the air-passages, and but slight œdema or supposed œdema of the left ligament, with partial paralysis of the left vocal cord. The lungs perfectly resonant on percussion throughout, and at first seemed to be emphysematous, and upon applying the ear to the chest, the air entering the lungs was in so small a volume as to create almost

no respiratory murmur; and the respiratory murmur could only be heard by putting the finger in the opposite ear from the chest, thereby cutting off the sound from the patient's mouth, when it could be heard in all parts of the chest, showing there was no disease in the lungs.

Diagnosis.—I believed it to be an aggravated attack of laryngitis, from exposure to bad weather, with swelling of the sub-mucous tissues of the larynx and trachea.

Treatment.—Cold applications or ice externally applied and kept up for several days. Tartrate of antimony and nitrate of potash in solution in repeated nauseating doses, for some two or three days, followed with quinine after a purgative of calomel, and a large blister from the chin to the sternum and from ear to ear, which drew out large blisters of a yellow gelatinous serum, too thick to run out when clipped, but came off in flakes or crusts. On finding all I had done failed to give any relief, Dr. D. S. Reynolds was called in consultation, and upon thorough examination, externally as well as with the laryngoscope, nothing could be discovered except œdema of the left epiglottid ligament, not enough to obstruct the air-passages, and partial paralysis of the left vocal cord. Dr. R. suspected some brain trouble, or some tuberculous deposit near the bifurcation of the trachea, or that it might proceed from malaria, as he had been troubled with fever of that character, and suggested quinine in decided doses and the use of a spray of bromide of potash; which suggestions were carried out for two or three days with but little apparent relief at first, which soon failed to be of any benefit, and further consultation was had. A thorough examination of the eye with the ophthalmoscope was had with a view to detect congestion of the brain through the retina, but finding none, the further use of quinine with morphine was suggested for the night and valerian and Hoffman's anodyne as anti-spasmodics was agreed upon with little or no hopes of relief. The difficulty of inspiration increasing from day to day until about the 15th day of December, twenty days after the attack, he died.

Post mortem.—Fourteen hours after death, Dr. Coomes assisting and making the dissection. Rigor mortis well established. Considerable emaciation. Upon removal of the lungs, trachea, larynx, and esophagus, they presented the following appearances: The lungs perfectly normal, as far as could be determined by simple ocular inspection. On

the left side, extending from the arytenoid cartilage around to the epiglottis, there was an indurated oval mass of an amber-colored appearance, the product of previous inflammation; and on examining it with the microscope proved to be what is known as spindle-celled sarcoma. The mucous membrane of the larynx and trachea were slightly injected, and covered with a tenacious mucus. And on dissecting the esophagus from the trachea from the bifurcation upward on the left side, just below their upper edge, and lying on the wall of the esophagus and cricoid cartilage, there was a blue spot slightly enlarged, and on cutting into it, it was filled with pus, and extended into the body of the cricoid cartilage. The entire body of this cartilage was destroyed, and its cavity filled with cheesy matter and pus, and on passing the end of the finger into this cavity it came in contact with sharp orifice fragments of this cartilage, presenting the feel of fine cotton-card teeth. On making the dissection to this blue spot, or abscess, the recurrent or inferior laryngeal nerve was traced into this abscess, and there seemingly destroyed, as it could be traced no further; and then and there the character of the case became clearly understood. In the formation of this abscess and this necrosis this nerve was involved; and as the abscess and necrosis of the cricoid cartilage became more and more complete, the paralysis became more and more perfect, and the difficulty of inspiration became more difficult by the flapping in of the vocal cord, and death by suffocation ended the terrible struggle for breath.

LOUISVILLE.

Correspondence.

TRIPLETS.

To the Editors of the Louisville Medical News:

Below find report of a case of triple births in which all three of the children presented by the vertex, the heads of the two last becoming wedged in pelvic brim.

I was called on the night of January 13, 1879, to Mrs. J., multipara. She had been having irregular pains for a day or two; her pains now were slight, and at long intervals. Upon examination I found the membranes ruptured and os fully dilatable, and child presenting in first vertex presentation. Her abdomen was very large, with three distinct sulci running horizontally across it during a

pain. I could not detect any pulsation in the presenting fontanelle; and as the pains were light and irregular, I gave her a decoction of secale cornutum, which soon brought on expulsive pains, and in a few minutes she was delivered of a male child. It showed little or no signs of life; and while I was manipulating it another pain came on, rupturing another sack of water. I tied and cut the cord of child No. 1, and upon examination found child presenting in third vertex presentation. From the presentation I was satisfied the labor would be tedious; but as one child had already passed through the strait, I told Mrs. J. and friends that it would not be long before she would be through. After the lapse of half an hour or more, with little or no advance in the head, I thought it best to ascertain, if possible, the cause of the slow progress. Carrying my finger up over the child's face, I encountered a child's hand, which I attempted to push up, and did so; but as soon as another pain came on it came down again. This process repeated several times. Finally the head was born. Several hard pains now came on, but rotation did not take place again. Carrying my finger up into the vagina, I felt a solid tumor, which I took to be the head of another child. I was then in a dilemma, and accordingly sent a messenger to my office to bring my instruments and my colleague, Dr. Duke, with him. Before Dr. Duke arrived, however, I succeeded in bringing down the left hand and arm of the child; and as it was already dead, I used it as a lever in rotating the shoulders, and the child was born to the hips just as the doctor entered the room. Being nearly worn out stooping and bending over the woman, lying upon a pallet, I resigned my position to Dr. Duke, who succeeded in delivering child No. 2. The head of the third child came down presenting in second vertex presentation. As the mother was somewhat exhausted from the two first children, I had to assist in the expulsive efforts of nature by making pressure downward over abdomen during a pain. There was no water with child No. 3. The membranes were closely adherent to the child's head, making a rent in them. Dr. D. slipped them back over its head, and with a few pains it was delivered. The mother was very much exhausted; feet and surface of body cool. We applied a bandage with compresses, wrapped her up with warm flannels, and, giving her an opiate, left her to rest until reaction should take place. She became warmed up in two and a half hours,

and has done well since, and is to-day (January 25th) sitting up in bed. The children were apparently nearly at full time. I did not weigh them, but suppose the aggregate weight was fifteen or seventeen pounds.

The above case will probably not be of any interest to the learned of the profession; but to young practitioners, like myself, it teaches them how they may act in like cases, when they have not the whole armamentarium of the medical profession at their command. The children were all dead, save the first, and it only gasped once. The first child was born at 10 o'clock P. M., the third at 2 o'clock A. M.

CENTER, TEXAS. JAS. W. ROGERS, M. D.

To the Editors of the Louisville Medical News:

December 18, 1878, William W. brought to my office his son, aged eighteen months, with the following history:

Six weeks ago the boy was noticed to have weak legs, and he was no longer able to walk or pull up by chairs, as was his custom. This weakness in ten days was so great that when he was lifted upon his feet he was powerless to support his body, his limbs giving way under him as if boneless. This loss of power was in a short time noticed to have extended over the entire body. He could no longer alone occupy a sitting posture or support his head, but would tumble over in any direction in which he was inclined. His arms and hands could not be lifted to handle his toys. His bowels constipated and the urine scanty, and was only voided at long intervals, and then guttatum. Appetite poor, and the sleep interrupted. He could be heard almost constantly in a half-suppressed, pitiful whine.

In this condition I first saw him. Hearing his history, I thought of spinal injury; but on inquiry, and after a close examination, nothing of the kind could be discovered. My attention was now directed to a very unnaturally long prepuce, which was much inflamed and indurated. Examination of the spine failing to disclose any cause for the paralysis, I was forced to attribute it to the condition of the prepuce. A very small probe after being oiled could be passed with difficulty through the preputial orifice to the head of the penis, five eighths of an inch back. The father informed me the child's prepuce had from birth been preternaturally elongated, but he had discovered the inflammation of its extremity only about the time of the appearance of the muscular weakness.

I concluded at once to remove the prepuce. Dr. J. C. Beard gave the chloroform, and I circumcised the child by removing the redundant tissues in front of the glands.

Very much to my gratification, I learned in a few days that a marked improvement had taken place in my little patient. Power over the muscles was rapidly regained, and in a fortnight he was upon his feet, and as playful as other children. At this date he remains well.

L. D. KNOTT, M. D.

BRADFORDSVILLE, KY.

Miscellany.

FOREIGN BODIES IN THE RECTUM.—Affairs have come to a pretty pass with the medical journals of St. Louis. The editor of the Clinical Record having written the editor of the Courier of Medicine an ass, the latter gentleman adopts the method *a posteriori* to refute the statement. The editor of the Record was considerably astonished at being made such a butt by the editor of the Courier, and in his last editorial gives the bottom facts of the case to the profession. Evidently there are fundamental differences between the editor of the St. Louis Courier of Medicine and the editor of the St. Louis Clinical Record.

CHASTISEMENTS IN SCHOOLS.—At an inquiry recently held into the death of a little girl, aged ten years, who lived in Bromley-by-Bow, and died on Christmas-day, it appeared the deceased child attended St. Paul's Board School; and, according to her own statement, which was confirmed by the evidence of another little girl, she was struck upon the head, twelve months ago, with a "pointer" by one of the teachers. She was taken to the London Hospital, and treated at that institution for concussion of the brain for four months. She subsequently lost her eyesight, and lingered until the 25th ultimo, when she died. The medical testimony was to the effect that death was due to effusion of serum into the ventricles of the brain from natural causes, accelerated by the blow inflicted by the teacher. The jury returned a verdict in accordance with the evidence.—*London Med. Times and Gazette*, Jan. 11th.

HIPPOMAGY is on the increase in Paris. The number of horses sold for food last year was 11,319, being 700 more than in 1877.

CORPULENCE, or obesity, is, there can be no doubt, one of the most widely spread of the minor troubles to which the human race is subject, and as such worthy of the most careful attention on the part of the hygienists and therapeutists. Until within a very few years it was universally taught that the great sources of fat within the human body were the fatty and hydro-carbonaceous elements of the food; and although it was admitted that the albuminates might, under certain circumstances, give rise to fat, this was put forward rather as a doubtful hypothesis than an admitted fact. The recent labors of physiologists have cast no little doubt upon the old views; and the last writer on the subject of corpulence (Immermann, who contributes an article to Ziemssen's Encyclopedia) throws over the old views entirely, and adheres absolutely to the doctrines put forward by modern physiologists. It is now held that fat is formed principally from the albuminous elements of the food, just as the fat in fatty degeneration of the tissues is derived from the organized albumen of those tissues. The albuminates eaten with the food are used in part for the nutrition of the albuminous tissues, and the surplus which is not so used undergoes continued processes of metamorphosis and oxidation, and appear among the excretions in the form of urea, uric acid, carbonic acid, and water. If, however, the albumen taken in with the food be in excess of the requirements, or if obstacles stand in the way of its proper oxidation within the body, then a great part is deposited in the form of fat, instead of being burnt up into carbonic acid and water. It is hardly necessary for us to repeat in this place the various arguments, physiological and chemical, which have been put forward in support of this view. It must be sufficient to state that they appear tolerably conclusive, and place the albumen source of fat upon a basis which seems to us to be fairly secure.

The value of the other varieties of food in determining obesity depends, it would seem, mainly on their doing away with the necessity of the ultimate oxidation of the non-nitrogenous products of the metamorphosis of the albuminates, and so enabling them to take the form of fat and settle in the tissues, instead of making their escape by the lungs in a more volatile state of being. The formation of fat from albuminates would appear to be greatly favored by this incomplete combustion; and when fats and hydrocarbons are taken with the food

as well as albuminates, the former, as regards a dividend of oxygen are in the position of preference shareholders; and until their claims for oxygen are satisfied, the non-nitrogenous products of the decomposition of the albuminates get a scanty supply, and must be content to remain in a condition of penultimate metamorphosis.

From this it will be manifest that, apart from diet, a deficiency in the supply of oxygen favors obesity. This is evident, whether the deficiency be due to sedentary occupation or to a want of red blood-corpuscles to carry the oxygen to the tissues. On the other hand, a good supply of oxygen, which is favored by rich blood and healthy exercise in the open air, favors the complete combustion of the food and diminishes the tendency to obesity.

It is generally admitted that animal fats are capable of forming fat within the body, but according to recent views it is extremely doubtful whether hydrocarbons are capable of a similar transformation. We can not in this place give the various physiological arguments which seem to support this revolutionary view, but must be content with stating that it is commonly accepted that the hydrocarbons of the diet lead indirectly, and not directly, to obesity.

Although these statements, which come to us with such high authority, change completely the chemical view of corpulence, yet as a practical disease requiring to be combated by therapeutic measures it stands precisely where it did. Whether the albuminates or the hydrocarbons be the immediate source of the fat, it is evident that by cutting off the latter from the diet we stand the best chance of attaining a diminution of the superabundant adipose tissue. By permitting the patient to consume a fair proportion of albuminates, we keep his tissues well nourished, prevent anaemia, and encourage that activity of function which is the greatest enemy of undue corpulence; while by cutting off the hydrocarbons we necessitate a thorough combustion of the albuminates, which thus form water and carbonic acid in the place of adipose matter.

The observations of Brillat Savarin upon obesity, made more than fifty years ago, are marked by all his well-known acuteness, and his hints to the obese leave nothing to be desired. He insists on three things: (1) discretion in eating; (2) moderation in sleeping; and (3) exercise on foot or on horseback; but at the same time he remarks that his knowledge of human nature tells him

that the self-indulgent mortals to whom he preaches will turn a deaf ear to all his good advice. Brillat Savarin's "antiobesique" diet consisted in excluding farinaceous articles, such as Italian pastes, rice, potatoes, macaroni, and white bread. In addition, he was most particular not to allow eggs, as if his observant eye had foreseen what physiological chemistry has just told us. He replaced the greater number of farinaceous articles by toast and rye bread, of which latter he astutely observes people are certain not to eat too much. To allow a sufficient interval between meals, and always to rise from a meal with appetite, were among the precepts which he thought it right to give. These were the precepts of Savarin in 1825; they were the precepts of Banting in 1869, and are the precepts of Immermann in 1878.—*London Lancet.*

TOM THUMB DEAD.—The Liverpool Post reports the death of Tom Thumb, at his native place, Bergen, in the province of West Friesland, in Holland, whither he had only recently retired, after realizing a handsome fortune from exhibiting himself in the chief countries of Europe and America. The cause of his death was dropsy. His real name was Haneman. [Evidently this is not the American Tom Thumb, whose name is Stratton, and is a native of Connecticut.]

SMOKING AGAINST FOG AND DAMP.—The smoker, fortifying himself against fog and damp with the cheerful glow of a cigar in front of his face and the fragrant incense beguiling his nostrils, is apt to forget that nicotine is a potent depressant of the heart's action. We do not assert that it even commonly acts as such when used in moderation, or that a good cigar is to be despised. We have no sympathy with prejudices against wine or tobacco used under proper restriction as to the time and amount of consumption. A mild and sound stimulant with meals, and a cigar when the mood and the circumstances are propitious, are not only to be tolerated, but approved. Meanwhile it is desirable that these things should be used with an intelligent appreciation of their effects, and it is beyond question that one of the most formidable effects of tobacco is its influence on the heart's action. Now it is upon the integrity of this function the heat of the body depends, and nothing could be more short-sighted than to weaken or hamper the central organ of circulation at a time when it is especially necessary that its work

should be performed with due celerity and completeness. In warm weather a cigar exercises a cooling influence by lowering the heart's action. In the cold season it may—we do not say it will—possibly depress, and so increase the mischief it is sought to mend. Fogs and cold vapor tend to reduce the oxygenating properties of the air taken into the lungs, besides exercising a specific influence on those delicate organs. Tobacco-smoke may warm the air; it is scarcely possible that it can affect its quality or render it innocuous. There is, however, a peril that it may depress the circulation. Hence the need of moderation and care.—*London Lancet.*

THE EUCALYPTUS IN ALGERIA.—Consul-general Playfair writes: "Formerly it was impossible for the workmen at the great iron mines of Mokta-el-Hadid to remain there during the summer. Those who attempted to do so died, and the company was obliged to take the laborers to and from the mines every morning and evening, thirty-three kilos each way. From 1868 to 1870 the company planted more than one hundred thousand eucalyptus trees, and now the workmen are able to live all the year through at the scene of their labors."

In a recent case (Reg. v. Dean) of a criminal assault upon a girl under twelve years of age, tried before Mr. Day, Q. C., sitting as commissioner, it was proved in evidence that the girl had been delivered of a full-grown child, which is still living, at the age of twelve years and one month. The prisoner, who was the girl's stepfather, was convicted of the felony, and sentenced to ten years' penal servitude. It is stated that with the exception of two anonymous cases quoted in Taylor's work on Medical Jurisprudence, this is the earliest age of delivery recorded as having occurred in this country.—*London Med. Times and Gazette.*

INFANT SUCCOCACTION IN LONDON.—The deaths of no less than five hundred and three infants aged less than one year were referred to suffocation within registration London during last year, equal to 3.9 per thousand children born. That four of every thousand infants born in London should be suffocated during their first year of life is unsatisfactory enough, but the proportions of eight and nine per thousand in Birmingham and Liverpool afford terrible evidence of the neglect of infant life in those towns.—*London Lancet.*

Selections.

Perineal Fistula cured by Division of Stricture of the Meatus.—During September, 1878, S. B., aged forty-eight, came to the out-patients' room with the following history: About twenty years ago he had a very severe attack of gonorrhœa, which took four months to get well. For six years after this he considered himself quite well, and had no difficulty in passing his water; but soon he had difficulty to such an extent as to cause occasional attacks of retention. It was following one of these, about eighteen months after his troubles began, that he had an abscess in his perineum, resulting in a perineal fistula, soon followed by another. He received various treatment, instruments being used by several surgeons, but without relief, and he came complaining that during the last month or two attacks of retention had been very frequent. When examined the following condition was found: In the perineum were two old and callous fistulae discharging pus and urine. At the orifice of the urethra was a stricture admitting No. 7 (French measurement) catheter. This Mr. Berkeley Hill divided with Otis's meatome, and passed a No. 20 (French) catheter into the bladder. He found the urethra slightly contracted in the bulbous portion. After this patient attended every other day for about a fortnight, and had instruments passed, and on October 1, 1878, the note says: "27 F. into bladder with ease; fistulae closed." The man's health was wonderfully improved, and he has left off attending.

It is interesting to see how such a disgusting and annoying complaint, accompanied by frequent retention of urine, was cured by removing its cause; and this was done, without any difficulty, when the patient was attending as an out-patient, and when he was carrying on his usual daily business. It is not improbable that these cases are more usual than is at present thought.—*London Med. Times and Gazette.*

Lactopeptine.—This preparation, which is composed of pepsin, pancreatic, diastase (or vegetable ptyaline), lactic and hydrochloric acid, and sugar of milk, has already acquired an enviable reputation, both in this country and abroad, in the treatment of many forms of dyspepsia and indigestive troubles in children. We have used it in a number of cases, and its use has, in our hands, been invariably followed by good results. Many practitioners use pepsin, but in this preparation we get not only the pepsin, but also several other substances of great, if not equal importance in aiding the digestive process. Not only do men like Loomis, Sayre, Percy, Packard, Meigs, Dawson, and Yandall recommend it, but the entire mass of the profession, so far as they have tried it, seem to approve of it as well.

Muriate of Calcium as a Therapeutic Agent.—Dr. Robert Bell (London *Lancet*), in speaking of this drug, says: "Chloride of calcium possesses a most wonderful power in controlling, if not actually curing, many forms of tubercular disease. In my experience I have found no remedy on which so much reliance can be placed in tuberculosi as on this salt. More especially, however, this remark applies to the wasting diseases of children. It has been most extensively used by me during the past four years, and with the most gratifying results." [Some months ago we copied this item. Have any of our readers used it?—EDS.]

Yellow-fever Autopsies.—General autopsies made at the dissecting rooms of the city hospital, Memphis, during the epidemic of 1878, by Dr. T. O. Somers, Jr., of Nashville, assisted by Dr. Cheviss, of Savannah, show that the stomach presents nothing abnormal either in its structure or its relations. The liver is of the peculiar boxwood color. The portal circle is congested; the blood thick, non-coagulable, and denuded of all its albumen; is dammed back upon the walls of the intestines while the coloring matter of the bile is exuded throughout the whole abdominal cavity, and the spleen is the organ which seems to be most affected. It is enormously hypertrophied, being often eight inches long and five wide, the hilum being filled with biliverdine. The kidneys are greatly congested, the tubules being filled with albuminous tube-casts, so as to utterly prevent any secretion of urine. At the base of the brain the lesions are extensive, the center of the origin of the pneumogastric nerve being most affected. The choroid plexus is congested, but the centers of motion and sensation and the parts in the floor of the fourth ventricle are unaffected. The gallbladder is filled with stringy substance, in no respect resembling bile, but on analysis exhibiting under Pettenkofer's test the presence of the biliary salts. There is great venous congestion throughout the whole organism.—*Toledo Med. and Surg. Jour.*

Delayed Ligature of the Funis.—Dr. Budin (*Gaz. des Hop.*), while interne at the Maternité, came to the conclusion from his investigations that it is better not to tie the funis till one or two minutes after the complete cessation of the pulsation. He thinks in normal cases rapid ligature of the cord should be entirely rejected, this operation not being performed till some instants after respiration has been completely established.—*Lancet.*

Chromic Acid.—The *Revue Médicale* says three or four applications of chromic acid suffice to cause the disappearance of warts, however hard and thick, and of whatever size. The application causes neither pain, suppuration, nor cicatrices, the only inconvenience being that the warts become of a blackish-brown color. [We indorse that.—EDS.]

Cough Mixture.—J. Milner Fothergill says hydromelic acid, with spirit of chloroform and syrup of squill—and if the case be that of a very agreeable lady, and a favorite patient, a few drops of spirit of nutmeg be added—constitutes an excellent and palatable cough-medicine.

English Earth is the name given in America to terra alba, or plaster of Paris, of which, according to an exchange, "tons and tons are imported for the express purpose of adulterating white powders of various kinds, notably cream of tartar."—*Canada Med. Record.*

Adulterated Soda.—Mr. J. H. Swindells writes to the Chemical News to say that he has found all the samples of Scotch or bastard soda or washing soda which he has examined to be nothing more than sulphate of soda.—*Canada Medical Record.*

Permanent Cure for Costiveness.—R. Soda sulphatis, gr. xx.; Ac. nitro-muriat, gts. v. Water, sufficient to dilute. Take one hour before breakfast.—*Medical Brief.*